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nonprovisional  EXAM CUFF, MI CUFF, MI Change of correspondence FR 1.363). Change of correspond Address form PTO/SB/1 Tee Address indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Texas Instrume:  Lease check the appropriate a. The following fee(s) are  XIssue Fee Publication Fee (No s	NO  MINER  ICHAEL A  De address or indication of "Fedence address (or Change of C22) attached.  Ition (or "Fee Address" Indicator more recent) attached. Use  D RESIDENCE DATA TO BE as an assignee is identified bein 37 CFR 3.11. Completion of IEE  Ints Incorporated assignee category or category.	s1400  ART UNIT  3627  The Address" (37  Correspondence to the form of a Customer  E PRINTED ON THe low, no assignee dust of this form is NOT  (B)  d Da. ties (will not be print  4b. [1]	2. For printing of (1) the names of or agents OR, al (2) the name of registered attorr 2 registered pate listed, no name.  HE PATENT (print at a will appear or a substitute for fill RESIDENCE: (Clas, TX atted on the patent)  Payment of Fee(s)  A check in the Payment by cree	CLASS-SUBCLASS 705-027000  on the patent front page, lift of up to 3 registered pater liternatively, a single firm (having as a ney or agent) and the nament attorneys or agents. If will be printed.  at or type) the patent. If an assign ling an assignment.  EITY and STATE OR COULSA  Individual XXX C.	\$1400  st at attorneys 1 Rc a member a 2 W. a member a 3 F1  dee is identified below  UNTRY)  proporation or other pricelosed. a is attached.	Jame rederi	D. Marshall,  Brady, III  ck J. Teleck  ment has been filed for

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